

# Adult Tennis Tournament



***Make the Schedule,  
Set the Time and Play  
When its Convenient for YOU***

## **Rockville Adult Tournament**

This spring the City of Rockville will be bringing back its smashing Tennis Tournament, open to adults (16+).

- Tournament length: three weeks working around your schedule.
- First round play starts: Saturday, May 4th 2013.
- Brackets based on: age, gender and ability/ranking.
- Participants have three good-weather days to play matches on weekday evenings and/or weekends. (two matches guaranteed, singles play only)
- Finals include trophy ceremony and brunch.

**Registration deadline:** Friday, April 19, 2013

**Cost:** \$45 Resident/\$55 Non-resident

**Course #** 42690



City of  
**Rockville**  
Get Into It

**240-314-8620 • [www.rockvillemd.gov/recreation/sports](http://www.rockvillemd.gov/recreation/sports)**

# Adult Tennis Registration Form 2013

## MAIN CONTACT: \*required information

\*Home/Cell Phone: \_\_\_\_\_ ☐ Check here if new address/phone since last time registered.

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB: / / Sex: M/F

\*Address: \_\_\_\_\_

\*City/State/Zip \_\_\_\_\_

\*Work Phone \_\_\_\_\_ \* Email Address: \_\_\_\_\_

## EMERGENCY CONTACT: (other than parent or adult participant)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

## PARTICIPANTS:

USTA Ranking / Ability level: \_\_\_\_\_

| Name (Last, First) | Sex<br>M/F | Birthdate<br>M/D/Y | Activity/<br>Class Name | Course # | School Attending | Sch. Yr.<br>'12-'13<br>Grade | Fee |
|--------------------|------------|--------------------|-------------------------|----------|------------------|------------------------------|-----|
|                    |            |                    |                         |          |                  |                              |     |
|                    |            |                    |                         |          |                  |                              |     |
|                    |            |                    |                         |          |                  |                              |     |

Rec Fund: \$ \_\_\_\_\_ Sr. Ctr. Mem: \$ \_\_\_\_\_ Multi-Course Discount: \$ \_\_\_\_\_

Additional Contribution to Recreation Fund: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Special Needs:** Participants with special needs should contact our office three weeks prior to activity.

## Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

\*Signature of Participant/Guardian \_\_\_\_\_

## PAYMENT

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check ☐ \_\_\_\_\_



Exp. Date \_\_\_\_ / \_\_\_\_

Signature (name on card) \_\_\_\_\_

## OFFICE USE ONLY:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Other \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_